



Department of State  
Riley C. Darnell, Secretary of State

STATE OF TENNESSEE  
Charitable Solicitation and Gaming Division  
312 Eighth Avenue North  
8th Floor, William Snodgrass Tower  
615.741-2555 | 615.253-5173 Fax  
www.tennessee.gov/sos/charity

### Charitable Organization and Solicitor Complaint Form

The Charitable Law Section will contact you if additional information is needed. The investigation of a charitable organization in Tennessee is not a matter of public record. Therefore, it may not be possible to share investigative information with you. This complaint form, and any attached documents submitted with this form, may be considered public records under Tennessee Law and subject to disclosure. If you are concerned about your identity being revealed, you may call our office and ask to speak with a compliance auditor to begin a confidential investigation and protect your anonymity. If you submit this form anonymously, please follow up with a telephone call to a compliance auditor to allow us to obtain any additional information needed for the investigation.

#### Complainant Information

Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Last First MI  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ email \_\_\_\_\_

#### Organization Information

My Complaint is against \_\_\_\_\_  
(Please specify the name of Charitable Organization).

Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Phone Number \_\_\_\_\_ Registration Number \_\_\_\_\_

***Please describe in the box below the nature of your complaint. Give as much detail as possible. If your complaint concerns a solicitation for a donation, Give as much specific information as you can by answering the following questions.***

#### Professional Solicitor Information (if applicable)

Company \_\_\_\_\_  
(please specify name of Professional Solicitor if known).

Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Phone Number \_\_\_\_\_ Registration Number \_\_\_\_\_

What type of solicitation did you receive?

Phone ☐ Mail ☐ Door-to-Door ☐ Other \_\_\_\_\_

If Other, Please Describe: \_\_\_\_\_

Date(s) of contact(s): \_\_\_\_\_

Did you agree or pledge to make a donation/contribution? \_\_\_\_\_

How much? \_\_\_\_\_

Donation/contribution (cash, check, money order, credit card, etc.)? \_\_\_\_\_

When did you make your donation/contribution? \_\_\_\_\_

Did you receive any written solicitation materials, receipts, pledge reminders, etc.? \_\_\_\_\_

### Nature of Complaint

Use this space to explain your complaint. You may use additional sheets if necessary. Please write or type clearly. Try to be brief, but be sure to tell **WHAT** happened, **WHO** was involved, **WHEN** and **WHERE** it happened. Be specific about any oral statements that were made to you. Describe events in the order in which they happened. Attach **COPIES** of all solicitations, letters, receipts, canceled checks (front & back), advertisements or any other papers that relate to your complaint. Be sure to keep the originals.

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The information contained in this complaint is true and accurate to the best of my knowledge, information, and belief.

Today's Date\_\_\_\_\_ Your Signature\_\_\_\_\_

**Office Use Only**

**Staff:**

**Complaint Number:**